

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	3					
4						
5	1					
6	0					
7	0					
8	0					
9	0					
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
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49						
50						
TOTAL IND.		2				
TOTAL DEP.		8				
TOTAL CLAIMS	10					

SERIAL NO.	FILING DATE				
APPLICANT(S)					
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					